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Effective on 12/08/2004.		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)	Application Number	09/543,330	
FEE TRANSMITTAL	Filing Date	April 5, 2000	
For FY 2006	First Named Inventor	JULIE RAE KOWALD	
Applicant claims small entity status. See 37 C.F.R. 1	Examiner Name	Christopher O. Onuaku	
Applicant claims small entity status. See 37 C.F.A. 1	Art Unit	2621	
TOTAL AMOUNT OF PAYMENT (\$) 620.00	Attorney Docket No.	00169.001658	
METHOD OF PAYMENT (check all that apply)			
Check Credit Card Money Order None Other (please identify):			
X Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto			
For the above-identified deposit account, the Director is hereb	y authorized to (check all that ap	oply)	
Charge fee(s) indicated below	Charge	fee(s) indicated below, except for the filing fee	
Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Credit any overpayments			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card			
information and authorization on PTO-2038.			
FEE CALCULATION			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			
FILING FEES Small Entity	SEARCH FEES EX Small Entity	XAMINATION FEES Small Entity	
		ee(\$) Fee(\$) Fees Paid (\$)	
Utility 300 150	500 250 2	200 100	
Design 200 100		130 65	_
Plant 200 100		160 80	
Reissue 300 150 Provisional 200 100	500 250 6	600 300	- 1
2. EXCESS CLAIM FEES	0 0	Small Entity	_
Fee Description		Fee(\$) Fee(\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25			
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100			
Multiple dependent claims		360 180	
		Itiple Dependent Claims	
75 - 71 or HP = 4 x \$50 = \$200.00 Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20			
	<u></u>	\$360 \$0.00	
Indep. Claims Extra Claims Fee(\$)	Fee Paid (\$)		
$\frac{8}{HP = \text{highest number of independent claims paid for, if greater than 3}}$			
3. APPLICATION SIZE FEE If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250			
(\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)			
100 = / 50 = (round up to a whole number) x =			
OTHER FEE(S) Non-English Specification, \$130 fee (no small entity)	discount)	Fees Paid (\$)	
Other:			
SUBMITTED BY			
Signature /Gary M. Jacobs/	Registration No		
organization / Garry IVI. Jacobs/	(Attorney/Agent	t) 212-218-2100	

This collection of information is required by 37 CFR 118.7 The information is required to obtain or matria, abrendt by the public which is to life and by the ISSTO to proceed an application. Conflicted risking in generating by 35 CFR 22 and 37 CFR 118.4 This collection is entirelested to be 20 minuted to complete funding gathering, preparing and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggested for reducing this budges, sould be seen to the Chell Information Cells of USF and and Information (CFR). USF and and Information (CFR), USF persistent of Commence CFR 05 cell 1549, Alexanderia, VA 22313-1450. DNOT SEND FEES OR COMMETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1459, Alexanderia, VA 22313-1450. If you need assistance of completing the increase and 18-00PCPD 99 and select opinion.